



Montana Early Childhood Project
Professional Development Incentive Award
Employment Verification Form

Upon completion of training hours you must submit the following items to the Early Childhood Project to receive your award money (find more information at www.mtecp.org in What's New! at the bottom of the homepage):

- A completed W-9 tax form
- Employment Verification Form (this form)

(NOTE: Please type or print using blue or black ink.)

Name: _____ PS# _____

Mailing Address: _____ City: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Employer Certification:

I certify that _____ is currently working 15 or more hours per week with children in my program which is a state licensed or registered child care facility.

Signature of Director/Owner: _____

Name of Program: _____

PV #: _____

I certify all information given is true and correct.

Applicant Signature: _____ Date: _____

An individual must work a minimum of 15 hours a week in an early childhood facility that is either registered or licensed by the Department of Public Health and Human Services Quality Assurance Division.



FOR ECP OFFICE USE ONLY

Approved by: _____ Date: _____